

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No. ....09/606,807  
Filing Date .....6/28/2000  
Confirmation No. ....6459  
Inventorship ..... Kai-Fu Lee  
Applicant ..... Microsoft Corporation  
Group Art Unit .....2654  
Examiner ..... Qi Han  
Attorney's Docket No. .... MS1-0564US  
Title:... Language Input Architecture For Converting One Text Form to Another Text  
Form With Modeless Entry

**RESUBMISSION OF RESPONSE**

To: Commissioner of Patents and Trademarks  
PO Box 1450  
Alexandria, VA 22313-1450

From: William J. Breen, III  
(Tel. 509-324-9256; Fax 509-323-8979)  
Lee & Hayes, PLLC  
421 W. Riverside Avenue, Suite 500  
Spokane, WA 99201  
Customer Number 22801

Per Examiner Han's request, the following documents are submitted:

- 1) Auto-Reply Facsimile Transmission from the PTO dated 10/03/2005;
- 2) TX Status Report generated by sender's machine dated 10/03/2005;
- 3) Transmittal Form and Fee Transmittal;
- 4) Response to the Office Action dated July 27, 2005;
- 5) IDS and 1449 form.

Respectfully Submitted,

Dated: 7/19/06

By: William J. Breen, III  
William J. Breen, III  
Reg. No. 45313  
(509) 324-9256

# Auto-Reply Facsimile Transmission



TO:

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Fax Information

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Total Pages:

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Received  
Cover  
Page  
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OCT 03 2005 11:54 FR 00		15093238979 TO 15712738300		P.01/02	
<p>PTO/SR/21 (05-03) Approved for use through 07/31/2008. OMB 0351-0031 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.</p>					
<p><b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)</p>		<p>Application Number: 00/000,000</p>			
		<p>Filing Date: 6/20/2000</p>			
		<p>First Named Inventor: Kai Fu Lee</p>			
		<p>Group Amt Unit: 2634</p>			
		<p>Examiner Name: Qi Man</p>			
<p>Total Number of Pages in This Submission: 28</p>		<p>Attorney/Agent Number: NS1-056409</p>			
<p><b>ENCLOSURES (check all that apply)</b></p>					
<p><input checked="" type="checkbox"/> Fee Transmittal Form</p> <p><input type="checkbox"/> Fee Attached</p> <p><input checked="" type="checkbox"/> Amendment / Reply</p> <p><input type="checkbox"/> After Final</p> <p><input type="checkbox"/> Affidavit/Declaration(s)</p> <p><input type="checkbox"/> Extension of Time Request</p> <p><input checked="" type="checkbox"/> Express Abandonment Request</p> <p><input type="checkbox"/> Information Disclosure Statement</p> <p><input type="checkbox"/> Certified Copy of Priority Documents</p> <p><input type="checkbox"/> Response to Missing Parts/Incomplete Application</p> <p><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53</p>		<p><input type="checkbox"/> Drawing(s)</p> <p><input type="checkbox"/> Licensing-related Papers</p> <p><input type="checkbox"/> Petition</p> <p><input type="checkbox"/> Petition to Convert to a Provisional Application</p> <p><input type="checkbox"/> Power of Attorney, Revocation/Change of Correspondence Address</p> <p><input type="checkbox"/> Terminal Disclaimer</p> <p><input type="checkbox"/> Request for Refund</p> <p><input type="checkbox"/> CD, Number of CD(s)</p>		<p><input type="checkbox"/> After Allowance Communication to Group</p> <p><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences</p> <p><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)</p> <p><input type="checkbox"/> Proprietary Information</p> <p><input type="checkbox"/> Status Letter</p> <p><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO 1449</p>	
<p><b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b></p>					
<p>Form or Individual Name: William J. Green, III Reg. No. 45353</p>					
<p>Signature: [Signature]</p>					
<p>Date: 10/3/05</p>					
<p><b>CERTIFICATE OF TRANSMISSION/MAILING</b></p>					
<p>I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1456, Alexandria, VA 22313-1456 on the date shown below.</p>					
<p>Typed or printed name: Rakekah Glass</p>					
<p>Signature: [Signature] Date: 10/3/05</p>					
<p><small>The collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public, which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1456, Alexandria, VA 22313-1456. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.</small></p>					
<p><small>If you need assistance in completing the form, call 1-800-PTO-6199 and select option 2.</small></p>					
<p>PAGE 1/2 *RCVG AT 10/3/2005 2:53:44 PM [Eastern Daylight Time] *SVR:USPTO-EPXRF-672 *DUS:2738300 *CSD:15093238979 *DURATION (min-ss):01-12</p>					

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	DATE	TIME	TO/FROM	MODE	MIN/SEC	PGS	JOB#	STATUS
21	10/03	11:54	USPTO	EC-S	00:51"	002	182	OK

PTO/SB/21 (08-03)

Approved for use through 07/31/2008, OMB 0651-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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<p align="center"><b>TRANSMITTAL FORM</b></p> <p align="center"><i>(to be used for all correspondence after initial filing)</i></p>		Application Number	09/606,607											
		Filing Date	6/28/2000											
		First Named Inventor	Kai-Fu Lee											
		Group Art Unit	2654											
		Examiner Name	Qi Han											
Total Number of Pages in This Submission		28	Attorney Docket Number	MS1-0564US										
<p align="center"><b>ENCLOSURES (check all that apply)</b></p> <table border="0"> <tr> <td> <input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Documents  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53                 </td> <td> <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation  <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)                 </td> <td> <input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):                      Form PTO 1449                 </td> </tr> </table>				<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO 1449								
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<p align="center"><b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b></p> <table border="1"> <tr> <td>Firm or Individual Name</td> <td colspan="3">William J. Breen, III/Reg. No. 45313</td> </tr> <tr> <td>Signature</td> <td colspan="3"></td> </tr> <tr> <td>Date</td> <td colspan="3">10/3/05</td> </tr> </table>			Firm or Individual Name	William J. Breen, III/Reg. No. 45313			Signature				Date	10/3/05		
Firm or Individual Name	William J. Breen, III/Reg. No. 45313													
Signature														
Date	10/3/05													
<p align="center"><b>CERTIFICATE OF TRANSMISSION/MAILING</b></p> <p>I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.</p> <table border="1"> <tr> <td>Typed or printed name</td> <td colspan="3">Rebekah Glass</td> </tr> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>10/3/05</td> </tr> </table>				Typed or printed name	Rebekah Glass			Signature		Date	10/3/05			
Typed or printed name	Rebekah Glass													
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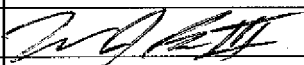
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	09/606,807
		Filing Date	6/28/2000
		First Named Inventor	Kai-Fu Lee
		Group Art Unit	2654
		Examiner Name	Qi Han
Total Number of Pages in This Submission	28	Attorney Docket Number	MS1-0564US


**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group ( <i>Appeal Notice, Brief, Reply Brief</i> ) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO 1449
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	William J. Breen, III/Reg. No. 45313		
Signature			
Date	10/3/05		

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Typed or printed name	Rebekah Glass		
Signature		Date	10/3/05

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27.**TOTAL AMOUNT OF PAYMENT** (\$ ) 180.00**Complete if Known**

Application Number	09/606,807
Filing Date	6/28/2000
First Named Inventor	Kai-Fu Lee
Examiner Name	Qi Han
Art Unit	2654
Attorney Docket No.	MS1 0564US

**METHOD OF PAYMENT** (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	50	=			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =	x	200	=			
HP = highest number of independent claims paid for, if greater than 3						

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**


Non-English Specification, \$130 fee (no small entity discount)

Other: Information Disclosure Statement

Fees Paid (\$)

180.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 45313	Telephone (509) 324-9256
Name (Print/Type)	William J. Breen, III	Date	10/3/05

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